

**STATE OF HAWAII**  
**PUBLIC UTILITIES COMMISSION**  
**ANNUAL REPORT OF**  
**RESELLERS AND VARIOUS TELECOMMUNICATIONS SERVICES**

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**STATE EXACT NAME OF CARRIER**  
**FOR YEAR ENDED DECEMBER 31, \_\_\_\_\_**

NOTICE: Under Section 6-80-91 and 6-80-92, Hawaii Administrative Rules (HAR), an annual report is to be filed and is due no later than March 31 to cover the preceding calendar year's operations.

Mailing Address:

Hawaii Public Utilities Commission  
465 South King Street  
Kekuanaoa Building, Room 103  
Honolulu, Hawaii 96813

Under Section 6-80-91(d), HAR, a copy of this annual report is also required to be filed with the Consumer Advocate.

Mailing Address:

Division of Consumer Advocacy  
250 South King Street, Room 825  
Honolulu, Hawaii 96813

HAW-PUC Form 97-01  
Effective 1/1/97 (revised 1/1/00)

**HAWAII PUBLIC UTILITIES COMMISSION**

**REQUEST FOR EXTENSION TO FILE  
PUC ANNUAL UTILITY FINANCIAL REPORT  
BEYOND THE DUE DATE OF MARCH 31, 2001**

**NOTICE**

1. This extension request must be postmarked on or before March 31, 2001.
2. We will not grant additional extensions beyond July 31, 2001. A show cause hearing shall be initiated if we do not receive your annual financial report by the extended due date of July 31, 2001.

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Person to contact: \_\_\_\_\_ Tel no.: \_\_\_\_\_

Extension is requested until \_\_\_\_\_, 2001.

Reason for extension (attach separate page if more space is required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_  
(Owner, Partner, Officer, Authorized Agent)

**FOR PUC OFFICE USE ONLY:**

☐ **Approved. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

☐ **Disapproved. See attached letter.**

**ORGANIZATION AND CONTROL OF CARRIER**

**Note: If more space is required, attach schedule.**

1. State full and exact name and Hawaii address of carrier.

Name: \_\_\_\_\_

Db, if any: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Insert an "X" if above address is within last 12 months ( )

2. Mailing Address if different from above.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insert an "X" if above address is within last 12 months ( )

- 2a. By March 2001, the **2000 Annual Financial Reports** (AFR) will be available on our Department web site. Thus, if you need additional copies of this report, please go to:  
**<http://www.state.hi.us/budget/>**

3. Effective Date of Hawaii Certification \_\_\_\_\_

4. State types of telecommunication services carrier is authorized to provide:

\_\_\_\_\_  
\_\_\_\_\_

5. Island(s) in which telecommunications services are offered:

\_\_\_\_\_

6. Have you filed a current tariff schedule with this office?

Insert an "X" : Yes ( ) No ( ).

7. List companies controlled by carrier; also, address:

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8. List persons or companies controlling carrier; also, address:

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9. Insert an "X" next to type of entity and answer the applicable questions.

( ) Proprietorship:

Date of Formation: \_\_\_\_\_

Name of Proprietor: \_\_\_\_\_

( ) Partnership:

Date of Formation: \_\_\_\_\_

Partners Name	Address	% Owned
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( ) Corporation      ( ) Subchapter S

Date of Incorporation: \_\_\_\_\_

Incorporated under the laws of: \_\_\_\_\_

Directors Name	Address	Date Term Expires
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Officers Name	Address	Date Appointed

10. Location of carrier's records if different from business address:

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11. External accountant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

12. Preparer of this report:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

13. Insert an "X" as to whether books are kept on a calendar year ( ) or fiscal year basis ( ). If fiscal year basis, state the period: \_\_\_\_\_. Note that this annual report must be filed on a calendar year basis.

CERTIFICATION

I certify that I am an officer, or duly authorized representative to file this annual report; that I have knowledge to the matters contained herein; that I have examined the foregoing report; that I believe to the best of my knowledge and information, all statements of fact contained in this annual report are complete and true.

CARRIER NAME: \_\_\_\_\_

CERTIFIER:

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Company: \_\_\_\_\_

**BALANCE SHEET**  
As of December 31, \_\_\_\_\_

	CURRENT YEAR	PRIOR YEAR
<b>ASSETS:</b>		
<b>Regulated Plant Assets (Exh B-1):</b>		
Telecom PIS - Net		
Telecom Plt Under Construction		
Property Held For Future Use		
Intangible Assets		
<b>Total Regulated Plant Assets</b>		
<b>Current Assets:</b>		
Cash		
Special Cash Deposits		
Advances		
Temporary Investments		
Telecommunications A/R		
Telecom A/C Recv Allowance		
Other A/C Recv - Net		
Notes Receivable - Net		
Interest & Dividends Recv		
Inventories		
Prepayments		
Other Current Assets (Exh B-2)		
<b>Total Current Assets</b>		
<b>Noncurrent Assets:</b>		
Investments - Affiliated Companies		
Other Investments (Exh B-2)		
Deferred Tax Regulatory Asset		
Other Deferred Charges (Exh B-2)		
Other Jurisdictional Assets - Net		
<b>Total Noncurrent Assets</b>		
<b>Total Net Nonregulated Assets</b>		
<b>TOTAL ASSETS</b>		

Company: \_\_\_\_\_

**BALANCE SHEET**  
As of December 31, \_\_\_\_\_

	CURRENT YEAR	PRIOR YEAR
<b>LIABILITIES &amp; EQUITY:</b>		
<b>LIABILITIES:</b>		
<b>Current:</b>		
Accounts Payable		
Notes Payable		
Customers Deposits		
Long Term Debt - current due		
Accrued Income Taxes		
Accrued Other Taxes		
Current Deferred Income Tax		
Accrued Liabilities		
Other Current Liabilities (Exh B-2)		
<b>Total Current Liabilities</b>		
<b>Long Term Debt:</b>		
Funded Debt		
Premium & Discount		
Advances from Affiliates		
Other Long Term Debt (Exh B-2)		
<b>Total Long Term Debt</b>		
<b>Other Liabilities &amp; Deferred Credits:</b>		
Other Long Term Liabilities (Exh B-2)		
Unamortized Investment Tax Credits		
Deferred Income Taxes - Noncurrent		
Other Deferred Credits (Exh B-2)		
Other Jurisd. Liab. & Deferred Credit		
<b>Total Other Liab. &amp; Deffered Credit</b>		
<b>EQUITY (Exh B-3):</b>		
<b>Total Corporation Equity</b>		
<b>Total Partnership Equity</b>		
<b>Total Proprietorship Equity</b>		
<b>TOTAL LIABILITIES &amp; EQUITY</b>		



Company: \_\_\_\_\_

PAGE 1 OF 2

**SUPPORTING SCHEDULE TO BALANCE SHEET**  
As of December 31, \_\_\_\_\_

DESCRIPTION	TOTAL AT BEGINNING OF YEAR	ADDITIONS	RETIRALS	ADJUSTMENTS DEBIT/CREDIT	BALANCE AT CLOSE OF YEAR
<b>REGULATED PLANT ASSETS:</b>					
General Support Plant					
Switching Equipment					
Terminal Equipment					
Cable & Transport Systems					
Other (Specify)					
<b>Total Telecom PIS</b>					
Telecom Plt Under Construction					
Property Held for Future Use					
Intangible Assets					
<b>Total Regulated Plant</b>					

**NOTE: FOR PURPOSES OF THIS REPORT, AMOUNTS SHALL BE RECORDED AT ORIGINAL COST.**

Company: \_\_\_\_\_

PAGE 2 OF 2

## SUPPORTING SCHEDULE TO BALANCE SHEET

As of December 31, \_\_\_\_\_

DESCRIPTION	TOTAL AT BEGINNING OF YEAR	DEPRECIATION ADDITIONS	RETIRALS	ADJUSTMENTS DEBIT/CREDIT	BALANCE AT CLOSE OF YEAR
<b>DEPRECIATION/AMORTIZATION:</b>					
General Support Plant					
Switching Equipment					
Terminal Equipment					
Cable & Transport Systems					
Other (Specify)					
<b>Total Depr. - Telecom PIS</b>					
Intangible Assets					
<b>Total Depr./Amortz.</b>					

NOTE: FOR PURPOSES OF THIS REPORT, DEPRECIATION SHALL BE RECORDED AT A RATABLE BASIS.

Company: \_\_\_\_\_

**SUPPORTING SCHEDULE TO  
BALANCE SHEET  
As of December 31, \_\_\_\_\_**

SPECIFY AND LIST BELOW:	CURRENT YEAR	PRIOR YEAR
Other Current Assets:		
<b>Total Other Current Assets</b>		
Other Deferred Charges:		
<b>Total Other Deferred Charges</b>		
Other Long Term Debt:		
<b>Total Other Long Term Debt</b>		
Other Current Liabilities:		
<b>Total Other Current Liabilities</b>		
Other Long Term Liabilities		
<b>Total Other Long Term Liabilities</b>		
Other Deferred Credits:		
<b>Total Other Deferred Credits</b>		

Company: \_\_\_\_\_

**SUPPORTING SCHEDULE TO  
BALANCE SHEET  
As of December 31, \_\_\_\_\_**

	CURRENT YEAR	PRIOR YEAR
<b>CORPORATION EQUITY:</b>		
Common Stock Issued		
Preferred Stock Issued		
Additional Paid In Capital		
Capital Stock Expense		
Other Credits/Debits		
Retained Earnings - Appropriated		
Retained Earnings - Unappropriated		
<b>Total Corporation Equity</b>		

	CURRENT YEAR	PRIOR YEAR
<b>PARTNERSHIP AND SOLE PROPRIETOR EQUITY:</b>		
Balance at Start of Year		
Additional Investments During Year		
Withdrawals		
Adjustments During Year		
Profit (Loss) For The Year		
Balance at Close of Year		

Company: \_\_\_\_\_

**INCOME STATEMENT - INTRASTATE OPERATIONS**  
**FOR PERIOD ENDED DECEMBER 31, \_\_\_\_\_**

	CURRENT YEAR	PRIOR YEAR
<b>INTRASTATE REVENUES:</b>		
<b>Local Network:</b>		
Basic service		
Public telephone		
Private line		
Shared tenant service		
Other local exchange (Exh C-1)		
<b>Total Local Network Revenues</b>		
<b>Interisland Long Distance (ILD) Network:</b>		
Private line		
Measured telephone service		
Wide area telephone service		
Other ILD service (Exh C-1)		
<b>Total ILD Network Revenues</b>		
<b>Network Access Revenues (Exh C-1)</b>		
<b>Miscellaneous Revenues (Exh C-1)</b>		
<b>Less: Uncollectibles (Exh C-1)</b>		
<b>TOTAL INTRASTATE REVENUES</b>		
<b>INTRASTATE EXPENSES:</b>		
Access interconnection expenses		
Plant operation		
Customer service		
Selling and Marketing		
Administrative and General		
Depreciation and Amortization		
Fees/Taxes Other Than Income Taxes		
Income Taxes		
Other intrastate expenses (Exh C-1)		
<b>TOTAL INTRASTATE EXPENSES</b>		
<b>NET INCOME (LOSS) - INTRASTATE OPER.</b>		
<b>NET INCOME (LOSS) - OTHER OPER. (Exh C-1)</b>		
<b>NET INCOME (LOSS) - TOTAL COMPANY</b>		

Company: \_\_\_\_\_

**SUPPORTING SCHEDULE TO  
INCOME STATEMENT - INTRASTATE OPERATIONS  
FOR PERIOD ENDED DECEMBER 31, \_\_\_\_\_**

<b>SPECIFY AND LIST BELOW:</b>	<b>CURRENT YEAR</b>	<b>PRIOR YEAR</b>
<b>Other Local Exchange Revenues:</b>		
<b>Total Other Local Exchange Revenues</b>		
<b>Other ILD Service Revenues:</b>		
<b>Total Other ILD Service Revenues</b>		
<b>Network Access Revenues:</b>		
<b>Total Network Access Revenues</b>		
<b>Miscellaneous Revenues:</b>		
<b>Total Miscellaneous Revenues</b>		
<b>Uncollectibles:</b>		
Telecommunication		
Other than Telecommunication		
<b>Total Uncollectibles</b>		

Company: \_\_\_\_\_

**SUPPORTING SCHEDULE TO  
INCOME STATEMENT - INTRASTATE OPERATIONS  
FOR PERIOD ENDED DECEMBER 31, \_\_\_\_\_**

<b>SPECIFY AND LIST BELOW:</b>	<b>CURRENT YEAR</b>	<b>PRIOR YEAR</b>
<b>Other Intrastate Expenses:</b>		
<b>Total Other Intrastate Expenses</b>		
<b>Net Income (Loss) From Other Operations:</b>		
<b>Total Net Income (Loss) From Other Operations</b>		

## Reseller &amp; Various Telecommunication Services

## EXHIBIT D

Company: \_\_\_\_\_

**STATISTICAL DATA - INTRASTATE OPERATIONS  
FOR PERIOD ENDED DECEMBER 31, \_\_\_\_\_**

	CURRENT YEAR	PRIOR YEAR
<b>NUMBER OF CUSTOMERS:</b>		
<b>Local Network Service:</b>		
Basic service		
Public telephone		
Shared tenant service		
Other local exchange (Specify):		
<b>Total Number of Customers</b>		
<b>NUMBER OF CALLS:</b>		
Interisland Long Distance (ILD) Network Services:		
Private line		
Measured telephone service		
Wide area telephone service		
Other ILD service (Specify):		
<b>Total Number of Calls</b>		